

UNITED STATES HOUSE OF REPRESENTATIVES 2020 FINANCIAL DISCLOSURE STATEMENT	For Use by	Form A For Use by Members, Officers, and Employees	Page 1 of 13 LEGISLATIVE RESOURCE CENTER 20. MC
Name: Hon. Doris O. Matsui	Daytime Telephone:	202-225-7163	UFFICE OF THE CLERK USE OF REPREDENTIAL CLERK A \$200 penalty shall be assessed against any Individual who files more than 30 days tate.
FILER X House of Representatives District: 6		Officer or Employing Office:	Staff Filer Type: (If Applicable) Shared Principal Assistant
TYPE X 2020 Annual (Due: May 17, 2021)	Amendment	Termination  Date of Termination:	on:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	E QUESTIONS		
A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? at the Yes  b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period?	× No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	gement with an Yes No X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction     Yes exceeding \$1,000 during the reporting period?	X No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling mere than \$415 in value from a single source during the reporting period?	mesingle Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	ž ×	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period?	nceive any Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	× So	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	n to charity in Yes No X
E. Did you hold any reportable positions during the reporting period or Yes in the current calendar year up through the date of filing?	× No	m	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	OR TRUST INFO	INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Procentact the Committee on Ethics for further guidance.	blic Offering during the r	as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please	n, please Yes No X
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	e on Ethics and certain ( ent child?	other "excepted trusts" need not be disclosed. Have you excluded	ou excluded Yes No X
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	l'income, transactions, o ad with the Committee o	yr llabilities of a spouse or your dependent child becau n Ethics.	use they meet Yes No X

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jst .		\$15,901 - \$80,000	Darts O. Mattad
	×	\$50,001 - \$100,000	•
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		\$5,000,001 - \$25,000,000	13
+++++++++++++++++++++++++++++++++++++++	<u> </u>	\$25,000,001 - \$20,000,000	
		Over \$50,000,000	
		Dvir \$1,000,000 (Spouse/DC ×	

SCHEDULE B - IXANSACTIONS							Name: Hon. Dorts G. Motsu	oria O. Morbusi					7	<u>.</u>			
		Type of Transaction				O. C.	>	•	n	•   !	e Amor	Amount of Transaction	9	•	-	-	*
	rchris	•	orSut Bulo	ichanga -	neck here if Capital Gains coaded \$200	ACUDAVRI) or Businety, Morthly, or Blummety, If	,001 - \$15,000	5,001 - \$50,000	000,001#\$ - 100,0	00,001 - \$250,000	50,001 - \$500,000	00,001 - \$1,000,000	.000,000,3\$ - 106,000,	,000,001 - \$25,000,000	5,000,001 - \$50,000,000	er \$50,000,000	w \$1,000,000 (\$pouse/DC ; set)
DO. Asset		1	ı	ı			\$	:	1	\$	1	\$	\$	ş	\$	0	A
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89 Teconic Officing Fund 1 6, Ltd.												Ц			 	$\downarrow$	
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30 U.S. Treasury Note 3, 376%, Que 061,5/2020						7/31/7020					×				+	1	
SP Bytel Aggregate Bond Fund	×					7/28/2020						×		-		$\prod$	
BD Reint Approprie Bond Fund	×		_			6/1/2020											×
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ST MARK ON CONTRACT SOND TOTAL	**					100/2017						Ц				$\prod$	×
50 Mattree Col Retun Bond Fund	×					M14/2020									4		××
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AG COF Agree Guy Lat.	×					61172020					ř				ļ		
SP Deviction Kengone: International (BVI), Ltd.														ļ		$\prod$	
SP Contentridge Credit Partners Offstore, Ltd.						4282020	×										
SP Verguered Total Stock Market ETF			*			hzoz/000	l					L		H			
SP Tage Orbin Long Opportunities, Ltd.						100											×
SP Tope Chabel, Ltd.			1								1		$\downarrow$	<u> </u>	-		
Person European Abo, Ocp. Fund, Ltd.			×			BM 1/2020			×						1	1	
SP The Overland Parising Fund, LP						10/14/2020				×				 			
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100 TPG - Augn Officials (MAI) Fund II, Ltd.			*	L		12/22/2020	×			Ц						$\prod$	
												$\downarrow$	1	+	+	1	
Sylvens Charlette Remainter United														∐ H			
6P Perk Trust									$\downarrow$	1			1	ļ <del> </del> -	-		
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		ļ							ļ	ļ		L	Ĺ	  -	-	L	

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# SCHEDULE C - EARNED INCOME

Page 8 of 13

Jet the source, typhe source and and second source and second sec	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.  EXCLUDE: Military asy (such as National Guard or Reserve new), federal retirement programs, and honority and under the Social Security Act	ment) totaling \$200 or more during the slow. onial Security Act	reporting period. For a spouse, list
NCOME LIMITS a	INCOME LIMITS and PROHIBITED INCOME: The 2020 limit on outside earned income for Members and employees compensated at or above the "serior staff" rate was \$28,845. The 2021 limit is \$29,595. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	det or above the "senior staff" rate was trelationship) are totally prohibited.	\$28,845. The 2021 limit is \$29,595.
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	Shift of Hendand Civil Wer Brandbhio (Oct 2)	i adsiativa Pagajon Sugaran Spench	\$18,000
	Ontanta Caunty Based of Education	Spouse Belaty	NIA
•			<u> </u>

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of 13

Report liabilities of over \$10,000 owed to any one eneditor of any thine during the reporting period by you, your spouse, or your dependent child. Mark the highest smount owed during the reporting period. Members: Members are required to report all liabilities secured by real properly including mentgages on their personal residence. Exclude: Any manages on your personal residence (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities over to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., oradit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities haid solely by your spouse or dependent child.

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	ž	9	LOY.	Еньтрів			
	Northern Trust	Chase Linger	American Express	First Bank of Wilmington, DE	Creditar		
	12 2020	12 2020	12 2020	8/20	Date Liability Incurred MOY'R		
	Credit Cod	Sned# Sent	Draid Sherid	Marigage on Rantal Property, Daver, DE	Type of Liability		
					\$10,001- \$15,000	*	
		*			\$15,001- \$50,000	Φ.	
	×				\$59,001- \$100,900	8	
			*	×	\$100,001- \$250,000	Ð	A
					\$250,001- \$500,000	m)	moun
					\$500,001- \$1,000,000	73	Amount of Liability
					\$1,000,001- \$5,000,000	<b>8</b> 0,	ability
					\$5,980,091- \$25,800,000	<u>*</u>	
					\$25,000,001- \$50,060,000	-	
$\square$							
			ļ		Gwer \$1,000,000*	_	

## SCHEDULE E - POSITIONS

Report all positions, compensated or uncompansated, held during the current or prior calendar year as an officer, thusbee of an organization, perhaer, propriety, representative, employee, or consultant of any conporation, firm, pertnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, faternal, or political entities (such as political parties and campaign organizations); and positions solely of an hondrary nature.

Position	Name of Organization
Regent	Smithsonian, Board of Regents
Advisory Board Member	Smithsorien Nettorial Museum of American History
Megiber of Advisory Council	Smithsonian National Museum of African American History and Outure

# SCHEDULE F - AGREEMENTS

Name:
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

### SCHEDULE G -- GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude:
Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$186 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

\$500	Silver Platter (prior determination of personal intendship received from the Committee on Ethics)	Exemple: Mr. Joseph Smith, Arington, VA
Value	Description	Source

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
Page 11
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13

Identify the source and list travel litnerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$415 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Giffs and Decorations Act (FGDA, 6 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

	<b></b>		 -		_	1"	,		<del>,</del>			
							<u>.</u>			Econples:		
										Habital for Numerity (Charity Fundrates)	Government of Chine (AECEA)	Source
										Har. S-4	11-9 fling	Dato(s)
										DC-Boston-DC	Oction to Thipsecoc	City of Departure-Destination-City of Return
	•									٧	¥	Lodging? (Y/N)
					 !			٠				
										٧	٧	Pood? Pa (Y/N)
										*	æ	Parally Marribus Included? (Y7N)

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an horiorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA Association of American Associations, Washington, DC XYZ Magazine Name: Activity Speech Article Adg. 13, 2020 Feb. 2, 2020 Date Amount \$2,000 3500

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